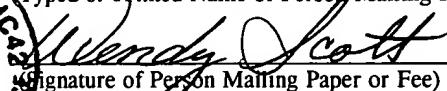


AF
2144

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on April 30, 2004
Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)


(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. SUN-P4432-ARG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)

Siamak Nazari)

Serial No. 09/686,109)

Filing Date: October 10, 2000)

Title: METHOD AND APPARATUS FOR ASSIGN)
ING UNIQUE DEVICE IDENTIFIERS)
ACROSS A DISTRIBUTED COMPUTING)
SYSTEM)

) Examiner: Tran, Lambert L.

) Group Art Unit: 2144

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MAY 05 2004

Technology Center 2100

AMENDMENT TRANSMITTAL LETTER

Mail Stop: AF
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed April 5, 2004.
- A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- Terminal disclaimer under 37 C.F.R. § 1.321(c), including
 - check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - 2 certificates under 37 C.F.R. § 3.73(b).
- Information disclosure statement, form 1449 and ___ references,
- No additional claims fees are required.

An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- A check in the amount of \$____ is enclosed.
 Charge \$____ to Deposit Account No. ____ (Docket No. ____).
 Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P4432-ARG).

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Respectfully submitted,

By 
Edward J. Grundler
Registration No. 47,615

Date: April 30, 2004